STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobi	byist(s) Geo	orge	W.	Rou	ssc	s and	Lind	say	E.	Nade	au		···		
II. Name of lobi	byist's partn	ership	, firm	or co	rpor	ation, if ar	ny:								
Orr & Re	no, P.A														
	(Name of par	tnersh	ip, firm	or cor	porati	on)									
45 S. Ma	in St.	РО	Вох	355	50	Conco	rd		NF	Ŧ		03	302		
Business Address:	(Street)				(Tov	wn/City)			(Sta	ite)		(Zi _j	Code)		
(603) 224-2	381		C	603)	224	-2318		e-m	nail .	lnade	eau@o	rr-r	eno.	com	
(Teleph	one)			/-		(Fax)									
III. This statemereportable expe	nse transacti	ions w	hich a	are no	t attr	ibutable t	o any oi	ie clier	1t).					port for	
Cigna						p	e ropo.				uio tone	,,,,,,,			
	(Full N	lame o	f Clien	t as it a	ppear	s on the Lol	bbyist Re	gistratic	on For	m)					
OR All reportable unrelated to any			e lobby	yist (in	cludi	ng the lobb	byist's fa	ımily),	or the	e lobbyi	ng firm	listed b	elow w	hich are	
IV. Date of Repo	ort April	26, 2	017 []	July 26, 2017 □										
Reports cover:	activity from	date o	f regist	ration	to 3/3	1/17	activity from 4/1/17 to 6/30/17								
	Octol activity j		, 2017 /1/17 to		17		activii			2018 🛚 7 to 12/3					
V. There have If this box is chec Concord, NH 03.	ked, complet														
VI Chark if add	litianal vana	-40 04		skad.											
VI. Check if add					res. v	ou must fil	le Adde	ndum	A– Fe	es and	Expense	es.			
☐ If you have p Expense Reimbu	aid an honor		•		. •						•		ariums	or	
☐ If you, your	firm, or your	family	y has n	nade p	olitic	al contribu	itions, yo	ou mus	t file .	Addend	ium C–	Politic	al Cont	ributions	
Sworn Statemen I have read RSA and complete to t	15, RSA 15-1	B, RS.	A 14-0	C and I			ereby sw		affirm 31/1	18		ing info	ormatio:	n is true	
(Signature of lob	byist)									(D	ate)		-		
Lindsay I (Print Name of I		u		 								R	EC	EIVE	D

JAN 31 2018

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) George W. Roussos and Lindsay	E. Nac	leau						
II. Name of lobbyist's partnership, firm or corporation, if any:								
Orr & Reno, P.A. (Name of partnership, firm or corporation)								
III. Name of Client Cigna	Date _	1/31/18						
IV. Fees Received Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:								
a) Total of all fees received in this reporting period	a) \$	29,532.50						
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)		30,000.00						
c) Total of all fees received to date (Add lines a and b)	c) \$	59,532.50						
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00						
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.								
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	0.00						
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00						
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00						

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	0.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	100.00
f) Total of all expenses year to date	f) \$	100.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees duri	ng this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	

Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the forego	oing information
Gno 1.		
(Signature of lobbyist)	1/31/18 (Date)	
	(Date)	,
Lindsay E. Nadeau (Print Name of lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lol	bying partn	ership, firm, or corp	ooration: Orr & R	eno, P.A.	
Name of Cli	ent (leave bl	ank if Statement is	for the partnership, fir	m, or corporation and not related	l to any
particular cli	ent): <u>Cign</u>	a			
Date of Repo	ort (check o	ne):			
April 26, 20	17 🗆	July 26, 2017 🗆	October 25, 2017	☐ January 31, 2018 ⊠	
				me and Expenses described abo the number of Addendum form	
Add	endum A(s).				
Add	endum B(s).				
Adde	endum C(s).				
-		that the foregoing in the state of the state		stement and each Addendum is to	rue and
(Signature of	Jayuu Jobbyist)	<i>v</i>		1/31/18 (Date)	
Lindsay	E. Nad	eau			
(Print Name	of lobbyist)				